

Arizona Department of Health Services
Accounting/Contracts
1740 W. Adams Street
Phoenix, Arizona 85007

CONTRACTOR'S EXPENDITURE REPORT

Purchase Order No.

ADHS

1. Contract Number

ADHS

Organizational Ref. No 1

2. Contractor Name

Organizational Ref. No 2

3. Title of Program

Organizational Ref. No 3

4. Reporting Period:

To

Invoice #

Contractor's Detailed Statement of Expenditures and Fixed Price

5. COST REIMBURSEMENT (Actual Expenditures)	APPROVED Budget (Matches ORIGINAL Contract Price Sheet)	REVISED Budget (from ADHS INTERNAL Adjustments)	Prior Report Period Year to Date Expenditures	Current Reporting Period Expenditures
	(a)		(b)	(c)
A. Account Classification:				
Personnel Services				
ERE				
Professional and Outside Services				
Travel Expenses				
Occupancy Expnses				
Operating Expenses				
Capital Outlay Expense				
Other Expenses				
Indirect (if authorized)				
Total	\$ -	\$ -	\$ -	\$ -

ADHS USE ONLY	THIS SECTION FOR ADHS ACCOUNTING USE ONLY				7. CONTRACTOR CERTIFICATION I certify that this report has to the best of my knowledge, expenditures and fixed price upon our official accounting and consistent with the terms understood that the contract by the Department of Health information provided in this
ADHS PROGRAM	Total Expenditures or total Fixed Price				
COORDINATOR CERTIFICATION:	Adj (if required):				
<input type="checkbox"/> Performance satisfactory for payment	Less: Year to date payments				
<input type="checkbox"/> Performance unsatisfactory, withhold payment	Adj (if required):				
<input type="checkbox"/> No payment due	Net payment due:				
	FUNCTION	PPC	BFY	AMOUNT	
PROGRAM COORDINATOR SIGNATURE/DATE					AUTHORIZED CONTRACTOR'S SIGNATURE
					PLEASE PRINT - PREPARED BY / FOR

- ☒ Cost Reimbursement - Cumulative Actual Expenditure
- ☐ Fixed Price
- ☐ Periodic Report
- ☐ FINAL REPORT

Total Year to Date Expenditures	
(d)	
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

ION

s been examined by me, and
e and belief, the reported
e information is valid, based
g records (book of account)
ns of the contract. It is also
ct payments are calculated
n Services based upon
s report.

SIGNATURE / TITLE / DATE

PHONE NUMBER